

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		APPLICANT AUTHORITY		APPLICANT AUTHORITY								
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1	1						31						
2		1					32						
3		1					33						
4		1					34						
5		4					35						
6		4					36						
7		4					37						
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12		4					42						
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14		4					44						
15		4					45						
16		4					46						
17		4					47						
18	1						48						
19		1					49						
20		2					50						
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46													
47													
48													
49													
50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	59						TOTAL DEP.						
TOTAL CLAIMS	61						TOTAL CLAIMS						